

Case Number:	CM15-0102123		
Date Assigned:	06/04/2015	Date of Injury:	02/07/2011
Decision Date:	07/02/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old female sustained an industrial injury to the low back on 2/7/11. Magnetic resonance imaging lumbar spine showed bilateral facet joint hypertrophy and facet joint arthritis with minimal disc bulge. Previous treatment included physical therapy, chiropractic therapy, home exercise and medications. The injured worker underwent bilateral diagnostic medial facet joint injections at L4-5 and L5-S1 on 4/15/15. In a PR-2 dated 5/14/15, the injured worker reported 3-4 days of 100% pain relief following facet joint injections before pain returned. The injured worker complained of low back pain with radiation into both buttocks and right hip. Physical exam was remarkable for lumbar spine tenderness to palpation with limited and painful forward flexion with pain radiating into both buttocks as well as pain upon rotation and lateral bending. Current diagnoses included lumbar spine radiculitis, sacroiliac joint sprain/strain and lumbar facet joint arthritis. The treatment plan included completing chiropractic therapy, continuing current medications and requesting authorization for bilateral medial facet joint injections at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral L4-5, L5-S1 medial facet joint injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for low back pain. When seen, diagnostic facet joint blocks the month before had provided three-40s of 100% pain relief. Her low back pain was slowly returning. Physical examination findings included limited and painful lumbar spine range of motion including pain with rotation and side bending. Authorization for a second facet joint injection procedure was requested. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. A positive response to a diagnostic block includes a response of at least 70% pain relief lasting at least 2 hours. In this case, the claimant has already undergone a positive diagnostic block and can proceed to medial branch radiofrequency ablation treatment without a second block. The requested second block is therefore not medically necessary.